

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007549

1. Entity Name

THE NEW URBAN PRESS, INC.

Principal Place of Business

1023 S.W. 25TH AVENUE  
MIAMI FL 33135

Mailing Address

1023 S.W. 25TH AVENUE  
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0990091

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUANY, ANDRES M  
1023 S.W. 25TH AVENUE  
MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DUANY, ANDRES M  
STREET ADDRESS 1023 S.W. 25TH AVENUE  
CITY-ST-ZIP MIAMI FL 33135

TITLE C/P/T/S/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME POLYZOIDES, STEFANOS  
STREET ADDRESS 180 EAST CALIFORNIA BLVD. AT PITCHER ALLEY  
CITY-ST-ZIP PASADENA CA 91106

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 180 EAST CALIFORNIA BLVD. AT PITCHER ALLEY  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LOMBARD, JOANNA  
STREET ADDRESS 3621 BAYVIEW ROAD  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME QUARAESHI, SAMINA  
STREET ADDRESS 1223 DICKINSON DRIVE BLDG 49B, ROOM 101  
CITY-ST-ZIP CORAL GABLES FL 33124

TITLE ☒ Change ☐ Addition  
NAME QUARAESHI, SAMINA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

305-644-1023

Daytime Phone #

CR2E037 (9/99)